LOCATION

Submit Monthly

NAME Associated Petroleum Products, Inc.

ADDRESS P.O. Box 1397

Tacoma, WA 98401-1397

2320 Milwaukee Way

COUNTY Pierce
FACILITY

WA0038784 001
PERMIT NUMBER DISCHARGE NUMBER

NOTE: Read instructions before completing this form.

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM			01	TO								

		QUANTITY OR LOADING Q			QUALIT	UALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER		MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	;	NO. EX.	OF ANALYSIS	TYPE	
Flow	SAMPLE MEASUREMENT											
1 IOW	PERMIT REQUIREMENT	Report	gpd						n/a	01/01	Measure	d
Oil & Grease, no visible sheen	SAMPLE MEASUREMENT											
Oil & Oicasc, no visible sheen	PERMIT REQUIREMENT					0	0=No / 1=Yes		0	01/01	Visual	
Oil & Grease	SAMPLE MEASUREMENT											
Oil d Oicasc	PERMIT REQUIREMENT				10	15	mg/L		0	01/30	Grab	
pH	SAMPLE MEASUREMENT											
pri	PERMIT REQUIREMENT			6.0	n/a	9.0	s.u.		0	01/30	Composite	
Total Suspended Solids	SAMPLE MEASUREMENT											
Total Suspended Solids	PERMIT REQUIREMENT				20	30	mg/L		0	01/30	Composite	
BTEX	SAMPLE MEASUREMENT											
DIEX	PERMIT REQUIREMENT				n/a	100	μg/L		0	01/30	Grab	
Benzene	SAMPLE MEASUREMENT											
Delizerie	PERMIT REQUIREMENT				n/a	1.2	μg/L		0	01/30	Grab	
Zinc, Total recoverable	SAMPLE MEASUREMENT											
Ziric, Total recoverable	PERMIT REQUIREMENT				n/a	_{i/a} 3,290 μg/L		n/a		01/30	Grab	
PREPARED DESIGNED TO THE INFORM MANAGE TH		PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE R MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM URE THAT QUALIFIED PERSONNEL PROPERLY GATHERED AND EVALUATED SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO STEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION SUBMITTED IS, TO THE BEST OF MY			SYSTEM VALUATED ONS WHO				ELEPHONE		DATE	
	KNOWLEDGE AND BEL	IEF, TRUE, ACCURATE S FOR SUBMITTING F	AND COMPLETE	E. I AM AWARE THAT TH ON, INCLUDING THE PO	HERE ARE SSIBILITY							
TYPED OR PRINTED	AND AND AN USE OF ANAL PROPERTY OF A THEORY WAY THE THEORY OF A TH				SIGNATURE OF PRINCIPAL EXECUTIVE AREA OFFICER OR AUTHORIZED AGENT CODE			NUMBE	R YEAR	МО	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Permittee is required to use sampling and analytical methods according to the permit. Further, the methods quantitation/reporting levels must be equal to or less than the corresponding permit limits. If such methods do not exist, the Permittee must use methods with lowest quantitation/reporting levels available.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

WA0038784

PERMIT NUMBER

FROM

Oil/Water Separator DISCHARGE NUMBER

001

Submit Quarterly

NOTE: Read instructions before completing this form.

Associated Petroleum Products, Inc. NAME

P.O. Box 1397 **ADDRESS**

Tacoma, WA 98401-1397

Pierce COUNTY

FACILITY

2320 Milwaukee Way LOCATION

MONITORING PERIOD YEAR МО МО DAY TO 01

		QUANTITY OR LOADING			QU	QUALITY OR CONCENTRATION					FREQUENC	Υ	SAMPLE	
PARAMETER		AVERAGE MONTHLY	MAXIMUM DAILY	UNITS	MINIMUM DAILY	AVERAGE MONTHLY	MAXIMU DAILY		UNITS	NO. EX.	OF ANALYSIS		TYPE	
Total Petroleum	SAMPLE MEASUREMENT	г												
Hydrocarbon – Gas	PERMIT REQUIREMENT					n/a	1.0	1	mg/L	0	01/90		Grab	
Total Petroleum Hydrocarbon – Diesel	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT					n/a	10.0		mg/L	0	01/90		Grab	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		ERTIFY UNDER PENALTY OF LA EPARED UNDER MY DIRECTIO SIGNED TO ASSURE THAT ALUATED THE INFORMATION S RSONS WHO MANAGE THE SYS THERING INFORMATION. THE IN	N OR SUPERVISION IN AC QUALIFIED PERSONNEL F UBMITTED. BASED ON MY I STEM OR THOSE PERSONS I	CORDANCE WITH ROPERLY GATH NQUIRY OF THE DIRECTLY RESPO	A SYSTEM JERED AND PERSON OR NSIBLE FOR			•	TELEPHO	ONE		DATE		
	AR	OWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE E SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE SSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SEE 18 USC §												
TYPED OR PRINTED		1001 AND 33 USC § 1319. (PENALTIES UNDER THESE STATUES MAY INCLUDE FINES UP TO 110,000.00 AND OR MAXIMUM IMPRISONMENT OF BETWEEN SIX MONTHS AND FIVE YEARS.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	N	UMBER	YEAR	МО	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)